

MAINE DEPARTMENT OF MARINE RESOURCES HARVESTER CATCH REPORT

Send or Fax (207-633-9579) Forms To: DMR Landings Program, PO Box 8, West Boothbay Harbor, ME 04575; Questions may be directed to (207) 633-9504

Harvester Information (Required):

YEAR:
NAME OF HARVESTER:
STATE LICENSE NUMBER(S):
VESSEL NAME:
PHONE:

Negative Report Information:

DID NOT HARVEST:

☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN
☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

Positive Report Information:

MONTH: ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

DAY	CREW (NO)	GEAR		SETS (NO)	SET TIME (AVE HRS)	DEPTH (FA)	LAT / TD1	LON / TD2	TIME (AT SEA)	SPECIES	1 LENGTH (INCHES)	POUNDS	USE	PORT (TOWN)
		QTY					(OR HARVEST AREA)							

OTHER COMMENTS:

SIGNATURE: _____

¹ = FOR HALIBUT ONLY

SHEET ____ OF ____

Form 2002.3H